



DEPARTMENT OF THE NAVY
PERSONNEL SUPPORT ACTIVITY WEST
937 NORTH HARBOR DRIVE
SAN DIEGO, CALIFORNIA 92132-0076

IN REPLY REFER TO:

PERSUPPACTWESTINST 7221.1A
Code N3
2 February 2005

PERSUPPACTWEST INSTRUCTION 7221.1A

Subj: SAN DIEGO CENTRAL PROCESSING SITE (CPS) FOR PERMANENT CHANGE OF STATION (PCS), TEMPORARY DUTY (TEMADD) (TAD/TDY), AND ACTIVE DUTY FOR TRAINING (ACDUTRA) (AT/ADT) TRAVEL CLAIM SETTLEMENT

Ref: (a) DODFMR Volume 5
(b) DODFMR Volume 9
(c) Joint Federal Travel Regulations
(d) Joint Travel Regulations

Encl: (1) Travel Claim Settlement Check-Off Sheet
(2) Travel Claim Form (DD FORM 1351-2, Jul 2004)
(3) Temporary Lodging Expense (TLE) REQUEST
(4) Travel Claim Electronic Transfer Information Form
(5) Advance Travel/DLA/Per Diem Request Form
(6) Advance Travel/DLA Request for Dependents Only
(7) Appointment/Termination Record-Authorized Signature (DD Form 577, Jan 2004)
(8) Travel Claim Turn-In Cover Sheet
(9) Request for Recovery of Debt (DD Form 2481, Apr 1986)

1. Purpose. To establish policy and procedures for operating the Central Processing Site (CPS) at Personnel Support Activity West and ensure the procedures and time requirements of references (a), (b), (c) and (d) are met for processing travel claim settlements.

2. Cancellation. PERSUPPACTWESTINST 7221.1

3. Background. Since 1997, CPS has been responsible for processing all travel claims and advance payments for Detachments in the San Diego area.

4. Action. The following actions and responsibilities are assigned to ensure proper claims processing and settlements:

a. Traveler. To ensure a timely and accurate process when filling out his/her travel claim, the traveler must provide accurate and complete information. Enclosure (1) provides a checklist to ensure each travel claim package is complete. Specific traveler responsibilities are:

(1) Within 5 days of completion of travel, submit a properly completed travel claim for settlement of the expenses associated with the travel.

(a) For TAD travel, fill out DD FORM 1351-2, Jul 2004 (1351-2), enclosure (2). A blank .PDF form is available at PSA West's

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website. Previous editions may also be used until stocks are expended.

(b) For TAD travel, turn in a copy of the orders together with endorsements and applicable receipts to command travel coordinator.

(c) For PCS travel, including Temporary Lodging Expenses (TLE) reimbursements, traveler must fill out enclosure (2) with copy of orders, endorsements, TLE request form (enclosure (3)), and applicable receipts to supporting PSD receipt section.

(2) Provide current and correct Electronic Funds Transfer (EFT) information using enclosure (4) for all travel claims of newly reported personnel under Permanent Change of Station (PCS) orders, and travelers who want to change their EFT information previously filed at CPS.

(3) For a PCS transfer, report to supporting PSD to complete necessary paperwork including enclosures (5) and (6) for appropriate travel/Dislocation Allowance (DLA)/Per Diem advances.

(4) Work with parent command travel manager/coordinator to obtain necessary order modifications and to resolve issues associated with expenses for travel.

(5) Sign and date the travel claim. (Blocks 20a and 20b)

(6) Retain copies of all documents associated with the travel claim. After settlement of the claim, the advice of payment (AOP) will be available at the DFAS website "My Pay" at <https://mypay.dfas.mil/mypay.aspx>. An individual may be required by command direction to provide a copy of My Pay AOP.

(7) Allow at least 10 working days from submission of travel claim to the PSD/CPS before inquiring about status of payment. Traveler should access the MyPay website before contacting CPS.

b. Customer Command/Travel Manager/Coordinator/PASS Liaison Representative (PLR)

(1) Provide CPS with current and properly filled out Appointment/Termination Record - Authorized Signature DD Form 577 using enclosure (7)) in accordance with references (a) and (b). (Note: It is the Travel Authorizing Officer's responsibility to become familiar with references (a), (b) (see <http://www.dod.mil/comptroller/fmr/05/index.html>) and (c) (see <http://www.dtic.mil/perdiem/jftr.html>) to properly execute his or her duties.)

(2) Verify all travel claims/advances and assist the traveler in completing enclosure (2). Ensure travel claims are complete and supported by a copy of orders, proper endorsements, signatures, and receipts.

(3) Resolve all issues with traveler's expenses associated with the travel. Travel Authorizing Officer (TAO) must sign and date approving officer signature block (blocks 21a and 21b) of enclosure (2) for all non-PCS claims.

(4) Within 2 days of receipt from the travelers, submit travel claim packages to CPS for processing with enclosure (8) as the cover sheet. Travel claim packages may be dropped off at the supporting PSD for guardmail delivery to CPS or the packages may be delivered directly to the CPS (preferred method) at 937 North Harbor Drive, San Diego, CA 92132-0076.

(5) Advise traveler to use the split pay option block on the travel claim form (enclosure (2) for expeditious payment of their travel charge card bills.)

(6) In the event of a rejected travel claim from CPS, the traveler shall make necessary corrections and then expeditiously resubmit the travel claim package to PLR for resubmission to CPS.

(7) Use the Standard Accounting and Reporting System (STARS) or CHOOSE database at <https://choose.csd.disa.mil> to verify amount paid to the traveler. If the amount is significantly different from the amount planned/approved, the command should first request the traveler provide a copy of the Advice of Payment from MyPay for review prior to contacting CPS.

(8) Act as liaison between the traveler and CPS for claim settlement questions. Allow at least 10 working days for CPS to settle or reject each claim. The traveler should access MyPay before calling CPS regarding their travel claim. Note that "cradle to grave" tracking of travel claims is possible via Secured Socket Layer (SSL) at PSA WEST website (http://psasd.navy.mil/west/west_ssl.asp). TAO's and travel managers/coordinators must contact CPS for access.

c. Personnel Support Activity Detachments

(1) Provide guardmail services for travel claim packages dropped off by customer commands' PLR's. Deliver and pickup packages at CPS at least once each day. PSDs are not required to maintain a tracking log for travel claims; this will be done at CPS.

(2) For questions not requiring CPS intervention or research, provide assistance to customers regarding travel matters. For specific travel claim questions, refer the customer to the command PLR and/or CPS Customer Service.

(3) When notified by CPS, process overpayment collections in accordance with reference (a).

(a) Notify customer command/PLR of overpaid travel claims in writing. One copy of the letter will be addressed to the traveler's Commanding Officer and another copy to the servicing PSD fiscal section, pending collection action in accordance with reference (a).

(b) For military personnel, if refund is not received within 30 days, collection from member's pay will be initiated not to exceed two-thirds of disposable pay in accordance with reference (a).

(c) For civilian personnel, if refund is not received within 30 days, enclosure (9) will be forwarded to the employee's payroll office for collection.

(4) For special circumstances (such as last minute orders, early graduations, or hardships), the parent command or PSD supervisory personnel (E-7 and above) will contact CPS supervisory personnel and request expeditious handling of such cases.

(5) For PCS transfers and receipts, PSDs will continue to assist individual members with preparing and submitting their travel claims and advance requests.

(6) CPS Manning requirements will be as follows:

(a) Nine civilian members are assigned as shown on the current PSA West UIC 68553 Activity Manning Document.

(b) A total of 21 military members from the San Diego PSDs will be assigned. PSDs will continuously provide members as follows: Naval Station-5, Balboa-2, North Island-6, and Camp Pendleton-1. Military members will be assigned no cost TAD to CPS for a minimum of 12-months. Longer assignments of military personnel to CPS are not desired and will only occur on a case-by-case basis.

(c) Normal and emergency leave scheduling is accounted for with this manning level for CPS.

(d) If a military member must be returned to their parent PSD early, a replacement from the parent PSD will be promptly assigned.

(e) CPS supervisors will prepare all military member performance evaluations.

(f) Personnel assigned to CPS are under the PSA Staff chain of command for all personnel actions. This includes leave, liberty, special request chits, evaluations, fitreps, reenlistments, and retirement's request, etc. CPS will keep the parent command informed of all personnel actions.

d. Central Processing Site Responsibilities

(1) Accept travel claim packages, sign receipt on travel claim cover sheet (enclosure (8) or ATOS printout), and return to PLR via guard mail.

(2) Operate a full-service customer service desk to handle all inquiries with serviced command PLRs, individual customers, and the PSDs. Customer service hours by phone and walk-ins are as follow:

Monday, Tuesday, Wednesday, and Friday: 0800 - 1500

Thursday: 1000 - 1500

Customer Service Numbers: COMM: (619) 532-2964/2256/1625

DSN: 522

Note: Voice mail will pick up during off hours and when all three lines are busy.

(3) Ensure the accuracy of all claims accepted. If discrepancies are found, travel examiners will contact the traveler or the command PLR. Claims that cannot be resolved by the following day will be forwarded to the CPS customer service section for resolution or rejection. Rejection of travel claims will be kept to an absolute minimum. All rejected claims will be reviewed for validity prior to returning the claim to the PLR.

(4) For claims originally mailed to CPS, ensure rejected claims packages are mailed directly back to the sender with a clear explanation of corrective action required to complete processing. This is of particular concern for Naval Reservists AT/ADT orders, as well as separation claims.

(5) After receipt of a properly prepared claim, CPS will process each travel claim per references (a) through (d).

(6) CPS will print overpayment letters, signed by the CPS Supervisor, and prepare overpayment packages. These packages will be forwarded to the servicing PSDs for collection action.

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(7) Correct erroneous Electronic Fund Transfer (EFT) payments made to member's accounts or other accounts.

(8) Provide all travel related forms, instructions, and directives to customers and commands via PSA West website.

(9) Make full use of available technology with guidance from references (a) through (d) and other existing Information Technology DOD Directives to provide prompt and accurate travel claim processing service to customers.

(10) In specific cases that require indelicate action, work with parent command supervisory personnel to ensure prompt resolution.

5. In an effort to provide quality customer service to our customer commands, all items written within this directive will be continuously evaluated for practical efficiency and effectiveness.



N. J. SANDERS

PSA WEST

TRAVEL CLAIM SETTLEMENT CHECK-OFF SHEET

(Place a check mark or N/A to any applicable items.)

TRAVEL VOUCHER (DD FORM 1351-2, Jul 2002):

- ☐ EFT information provided on separate EFT form if changes or this is first travel claim submitted with CPS.
- ☐ BLK 1 properly filled up with amount of claim to be deposited on your Government Charge Card.
- ☐ BLK 9 properly filled up listing all previous travel advance payments or NONE if applicable.
- ☐ BLK 12 and 13 properly filled up for dependent's travel. (DLA requires copy of HHG or DITY MOVE documentation).
- ☐ BLK 15 properly filled up using the instructions at the back of the travel voucher.
- ☐ BLK 16 properly filled up indicating whether the member was the owner /operator or passenger if mode of travel is POV.
- ☐ BLK 12 and 13 properly filled up for dependent's travel. (DLA requires copy of HHG or DITY MOVE documentation).
- ☐ BLK 20 signed and dated by the member.
- ☐ BLK 21a signed and dated by Travel Authorizing Official (TAO) for civilian travel claim. This is a mandatory requirement for civilian claims.

REIMBURSABLE EXPENSES: (Should be listed in BLK 18 and are limited to the following items)

- ☐ Lodging cost (need an itemized receipt showing the daily room rate)
- ☐ Lodging taxes
 - Must be claimed under reimbursable expenses and separate from daily lodging cost if travel is incurred INCONUS.
 - If travel is incurred OUTCONUS, must be claimed as combined amount with lodging cost.
- ☐ Rental Car Charges-Reimbursement for this item should be authorized in the orders.
- ☐ Taxi Fare
- ☐ Airport Shuttle
- ☐ Cost of bus, rail, or ferry
- ☐ Gas expenses (for rental car only as authorized in the order)
- ☐ Parking fees
- ☐ Bridge and road tolls
- ☐ ATM fees
- ☐ Airfare (if authorized on the orders)
- ☐ Temporary Lodging Expense (TLE) Certificate with appropriate receipts.
- ☐ Official telephone calls must be approved by order issuing official.
- ☐ Conference fees or registration fees **Indicate if meals are provided (breakfast, lunch, dinner or none)
- ☐ Porter fees / sky cap

TRAVEL CLAIM PACKAGE: (As a minimum will contain.)

- ☐ Original travel claim voucher (DD1351-2)
- ☐ Copy of orders showing all the endorsements, order modifications and appropriation
- ☐ Copy of flight itinerary
- ☐ All applicable receipts

NOTES:

- 1) All documents must be legible. Attach explanatory sheets if needed to clarify difficult to read items.
- 2) Itemized lodging receipts are required regardless of the amount.
- 3) Any reimbursable expense that is \$75.00 or more must be supported by a receipt and is subject to post-payment audit.
- 4) Reimbursable expenses must be attached to a clean white bonded paper size 8 1/2 x 11 1/4 with tape and traveler's name, SSN, and order number or tango listed in the upper right hand corner.
- 5) Block 1 under split disbursement must have an amount if member used their Government Charge Card and would like to payoff their bill directly to the Credit Card Company.
- 6) Travelers should retain a copy of their travel package until the claim is actually paid and fully settled.
(For IRS purposes, copies should be kept for at least 3 years.)

MBR/PLR/ Travel Coordinator Name: _____ EMAIL/PH# _____

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

PRINCIPAL PURPOSE(S): This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

ROUTINE USE(S): Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

INSTRUCTIONS

ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

ITEM 15 - ITINERARY - SYMBOLS

15c. MEANS/MODE OF TRAVEL (Use two letters)

GTR/TKT or CBA (See Note)	- T	Automobile	- A
Government Transportation	- G	Motorcycle	- M
Commercial Transportation		Bus	- B
(Own expense)	- C	Plane	- P
Privately Owned		Rail	- R
Conveyance (POC)	- P	Vessel	- V

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

15d. REASON FOR STOP

Authorized Delay	- AD	Leave En Route	- LV
Authorized Return	- AR	Mission Complete	- MC
Awaiting Transportation	- AT	Temporary Duty	- TD
Hospital Admittance	- HA	Voluntary Return	- VR
Hospital Discharge	- HD		

ITEM 15e. LODGING COST

Enter the total cost for lodging.

ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (including identification of unused "e-tickets") MUST BE TURNED IN TO THE T/O OR CTO.

TEMPORARY LODGING EXPENSE (TLE) REQUEST

PSA West

[Note: This form cannot be transmitted via the internet. Complete form on screen, print, sign, and submit to servicing PSD.]

Name (Last, First, MI):

Date:

Social Security Number (SSN):

Rank:

I checked out of my old duty station on

(date)

I checked into my new duty station on

(date)

Itemized Expenses:

Date	Lodging Location	Number of People			Daily Cost (w/ Tax)	Type of Quarters	Cooking Facilities/ Gvt Mess	Stayed w/ Friends or Family
		Mbr	Sps	No.Child				
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-
/ /		<input type="checkbox"/>	<input type="checkbox"/>		-

Dependent Information:

	Name (Last, First, MI)	Date of Marriage
Spouse		/ /
	Is spouse military member?	...
	If yes, provide SSN.	- -

	Name (Last, First, MI)	Date of Birth
Child		/ /
Child		/ /
Child		/ /
Child		/ /
Child		/ /

I certify that I used temporary lodging as part of my PCS to my new duty station, and have provided the following: **TWO** copies of HPL 1727, PCS orders and amendments, and lodging receipt

Signature (must be original, no facsimiles)

Date Signed

Use of available Government quarters is required, including temporary lodging facilities in the area of the old or new PDS. If Government quarters are not available, the member's certification is required to support the claim. To be reimbursed for commercial lodging when Government quarters are not available, the member must also sign the following statement:

I CERTIFY THAT GOVERNMENT QUARTERS WERE NOT AVAILABLE FOR THE PERIOD TLE IS CLAIMED ABOVE.

Signature (must be original, no facsimiles)

Date Signed

PSA WEST

Travel Claim Electronic Funds Transfer Information Form

NAME: _____ SSN: _____

RANK/GRADE: _____ COMMAND: _____

UIC: _____

BANK INFORMATION

Name of Financial Institution: _____

Type of Account: (Check one) Checking (____) or Savings (____)

Account Number: _____

Financial Institution's Routing Transit Number (RTN) - found on the bottom left of your checks or from your financial institution: _____

All information on this form is required under the Integrated Automated Travel System. The information provided will be used to process payments data from DFAS Center Cleveland OH to the Financial Institution and/or its agent or to the mailing address submitted. Failure to provide the requested information will cause delay in the processing of your travel claim/advance and prevent payment thereof.

I elect those payments for travel claims/advances submitted be deposited to the Financial Institution indicated:

Signature: _____ Date: _____

PRIVACY ACT STATEMENT

The data contained herein is protected by the Privacy Act of 1974. All measures required to protect information on this form should be taken.

PSA WEST

ADVANCE TRAVEL/DLA/PER DIEM REQUEST FORM**(This form is not to be used for DITY MOVE advances)**

NAME: _____ RATE: _____ SSN: _____
 (Must match orders)
 COMMAND: _____ UIC: _____ TRF DATE: _____

TYPE OF REQUEST: ☐ ADV TAD/TDY (SCHOOL) PER DIEM

FIRST REQUEST:	From: _____	To: _____	PAID: Y / N
SECOND REQUEST:	From: _____	To: _____	PAID: Y / N
THIRD REQUEST:	From: _____	To: _____	PAID: Y / N
FOURTH REQUEST:	From: _____	To: _____	PAID: Y / N
FIFTH REQUEST:	From: _____	To: _____	PAID: Y / N
SIXTH REQUEST:	From: _____	To: _____	PAID: Y / N

Daily Room Rate: \$ _____

☐ PMR☐ CMR☐ GMR☐ RIK☐ 1 POV☐ 2 POVs☐ COMM AIR☐ GOV'T AIR DIRECTED☐ MEMBER☐ DEPENDENTS☐ SINGLE DLA (Signed certification on PCS orders)☐ DEPENDENTS DLA

I am traveling from: _____

To: _____ on _____ (date)

It is my intention to relocate (circle one) {MYSELF} or {MY DEPENDENTS} or {BOTH} from
 (Address) _____ to a residence in (City/State) _____

DEPENDENTS INFORMATION

SPOUSE (NAME): _____ DATE OF MARRIAGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

Date of dependents travel _____

THE PENALTY FOR WILLFULLY MAKING FALSE STATEMENT IS A MAXIMUM FINE OF \$10,000 OR IMPRISONMENT FOR 5 YEARS OR BOTH (US CODE TITLE 18, SECTION 287).

SIGNATURE _____

DATE _____

EFT INFORMATION (check one) ☐ New ☐ Change ☐ EFT ON FILE (PSA SAN DIEGO)

BANK NAME: _____ ACCOUNT NUMBER: _____

ROUTING NUMBER (9 DIGITS): _____ ☐ Checking ☐ Saving

Remarks: _____

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PSA WEST

ADVANCE TRAVEL/DLA REQUEST FOR DEPENDENTS ONLY(This form is not used if the member will travel with the dependents.)

SERVICE MEMBER NAME: _____ RATE: _____

SSN: _____ (Must match orders)

COMMAND: _____ UIC: _____

TYPE OF ADVANCE: ☐ DLA ☐ MALT ☐ FLAT P/D☐ 1 POV ☐ COMM AIR ☐ GOV'T AIR DIRECTED ☐ OTHERIf this POV is separate from the member's POV, provide License Plate No. _____
Copy of Registration upon request.

SPOUSE (NAME): _____ DATE OF MARRIAGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

CHILD: _____ DATE OF BIRTH: _____ AGE: _____

DATE DEP TRAVEL: _____

TRAVELING FM _____ TO _____

THE PENALTY FOR WILLFULLY MAKING FALSE STATEMENT IS A MAXIMUM FINE OF \$10,000 OR
IMPRISONMENT FOR 5 YEARS OR BOTH (US CODE TITLE 18, SECTION 237).

SIGNATURE _____

DATE _____

EFT INFORMATION (Required for all advance requests)

BANK NAME: _____ ACCOUNT NUMBER: _____

ROUTING NUMBER (9 DIGITS): _____ ☐ Checking ☐ Saving

Remarks: _____

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PRIVACY ACT STATEMENTThe data contained herein is protected by the Privacy Act of 1974. All measures required to protect
information on this form should be taken.

APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE*(Read Privacy Act Statement and Instructions before completing form.)***PRIVACY ACT STATEMENT**

AUTHORITY: E.O. 9397, 31 U.S.C. §§ 3325, 3528, DoD Financial Management Regulation, Vol. 5, Chapter 33, and DoDD 7000.15, DoD Accountable Officials and Certifying Officers.

PRINCIPAL PURPOSE(S): To maintain a record of certifying and accountable officers' appointments, and termination of those appointments. The information will also be used for identification purposes associated with certification of documents and/or liability of public records and funds.

ROUTINE USE(S): The information on this form may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purpose(s) identified in the DoD Blanket Routine Uses published in the Federal Register.

DISCLOSURE: Voluntary; however, failure to provide the requested information may preclude appointment.

SECTION I - FROM: COMMANDER/APPOINTING AUTHORITY

1. NAME (First, Middle Initial, Last) SMITH, JOHN J	2. TITLE CDR/COMMANDING OFFICER	3. DOD COMPONENT/ORGANIZATION USN/FISC SAN DIEGO
4. DATE (YYYYMMDD) 20041225	5. SIGNATURE EXAMPLE EXAMPLE EXAMPLE EXAMPLE ONLY!!!!!!	

SECTION II - TO: APPOINTEE

6. NAME (First, Middle Initial, Last) BERRY, MARYANN D	7. SSN 123-45-6789	8. TITLE GS7/LOGISTICS OFFICER
9. DOD COMPONENT/ORGANIZATION USN/FISC SAN DIEGO	10. ADDRESS (Include ZIP Code) 937 NORTH HARBOR DRIVE SAN DIEGO CA 92132	
11. TELEPHONE NUMBER (Include Area Code) 619-523-1033/DSN 522-1033	12. EFFECTIVE DATE OF APPOINTMENT (YYYYMMDD) 20041225	
13. POSITION TO WHICH APPOINTED (X one) <input type="checkbox"/> CERTIFYING OFFICER <input type="checkbox"/> ACCOUNTABLE OFFICIAL <input checked="" type="checkbox"/> OTHER (Specify) TRAVEL AUTHORIZING OFFICER		

14. YOU ARE HEREBY APPOINTED TO SERVE IN THE CAPACITY SHOWN ABOVE. YOUR RESPONSIBILITIES WILL INCLUDE:

- A. Approve Temporary Duty Orders
- B. Approve Travel Claims by signing and dating the DD 1351-2 (Travel Voucher) and forwarding approved voucher to the Central Processing Site (CPS) PSA West, San Diego CA within 2 working days following traveler's submission.
- C. Approve after-the-fact allowable expenses, itinerary or status changes by signing and dating the DD 1351-2. Note: Changes to orders with remarks on block 29 of DD 1351-2 negates the need for amendment.
- D. Determine that travel was performed as authorized.

15. YOU ARE ADVISED TO REVIEW AND ADHERE TO THE FOLLOWING REGULATION(S) NEEDED TO ADEQUATELY PERFORM THE DUTIES TO WHICH YOU HAVE BEEN ASSIGNED:

DoDFMR, Vol. 5, chapter 33; DODFMR Vol. 9 (see <http://www.dod.mil/comptroller/fmr/index.html>) Joint Federal Travel Regulation (JFTR - military travel) and Joint Travel Regulation (JTR - civilian travel) (see <http://www.dtic.mil/perdiem/jftr.html>).

SECTION III - ACKNOWLEDGEMENT OF APPOINTMENT

I acknowledge and accept the position and responsibilities defined above. I understand that I am strictly liable to the United States for all public funds under my control. I have been counseled on my pecuniary liability and have been given written operating instructions. I certify that my official signature is shown in the box below.

16. PRINTED NAME (First, Middle Initial, Last) BERRY, MARYANN D GS7/LOG OFFICER	17. SIGNATURE
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SECTION IV - TERMINATION OF APPOINTMENT

<input type="checkbox"/>	The appointment of the individual named above is hereby revoked.	18. EFFECTIVE DATE (YYYYMMDD)	19. APPOINTEE INITIALS
20. NAME OF COMMANDER/APPOINTING AUTHORITY	21. TITLE	22. SIGNATURE	

**INSTRUCTIONS FOR COMPLETING
APPOINTMENT/TERMINATION RECORD - AUTHORIZED SIGNATURE**

This form may be used to:

1. Appoint certifying officers. Certifying officers are those individuals, military or civilian, designated to attest to the correctness of statements, facts, accounts, and amounts appearing on a voucher for payment.
2. Appoint accountable officials. Accountable officials are those individuals, military or civilian, who are designated in writing and are not otherwise accountable under applicable law, who provide source information, data or service to a certifying or disbursing officer in support of the payment process.

SECTION I.

1. Enter the name of the Commander/Appointing Authority.
2. Enter the Commander/Appointing Authority's title.
3. Enter the Commander/Appointing Authority's DoD Component/Organization location.
4. Enter the date the form is completed.
5. The Commander/Appointing Authority must place his or her legal signature in the block provided.

SECTION II.

6. Enter the Appointee's name.
7. Enter the Appointee's social security number.
8. Enter the Appointee's title.
9. - 11. Enter the name, complete address, and telephone number of the DoD Component/Organization activity to which appointed.
12. Enter the date the appointment is to be effective.
13. Mark X in the appropriate box indicating the purpose for the appointment.
14. Describe in detail the duties the Appointee will be required to perform, to include types of payments, records and vouchers for which authorized (specifying the applicable disbursing station symbol number(s) affected), and any other pertinent information.
15. List all regulations the Appointee must review and follow in order to adequately fulfill the requirements of the appointment

SECTION III.

16. - 17. The Appointee shall print his or her name and enter his or her legal signature in the spaces provided.

SECTION IV.

Completing this section will terminate the original appointment as of the effective date. If partial authority is to be retained, a new DD Form 577 must be completed.

Mark X in the box provided to indicate the appointment is being revoked.

18. Enter the date the termination is effective.
19. The Appointee will initial in the space provided acknowledging revocation of the appointment.
20. - 22. The Commander/Appointing Authority must place his or her name, title and legal signature in the spaces provided.

Fax Number:[illegible]

Enclosure (8)

REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES BY SALARY OFFSET

1. PAYING AGENCY IDENTIFICATION		2. EMPLOYEE IDENTIFICATION	
a. NAME		a. NAME (Last, First, Middle Initial)	
b. ADDRESS (Street, City, State and Zip Code)		b. ADDRESS (Street, City, State and Zip Code)	
		c. DATE OF BIRTH	d. SOCIAL SECURITY NUMBER

To liquidate a debt to the United States, the named Creditor Component asks that the debt be collected as shown from the current pay of the employee identified above. Notices and inquiries concerning the debt should be sent to the address shown below.

3. DEBT INFORMATION				
a. REASON FOR DEBT				
b. DATE RIGHT TO COLLECT ACCRUED		c. DEBT IDENTIFICATION NUMBER, IF ANY		
d. ORIGINAL DEBT AMOUNT	\$	e. NUMBER OF INSTALLMENTS	(1)	Amount (2)
f. INTEREST DUE (If none, show N/A)	\$			\$ 0.00
g. PENALTY DUE (If none, show N/A)	\$			\$ 0.00
h. ADMINISTRATIVE COST (If none, show N/A)	\$			0.00
i. TOTAL COLLECTION TO BE MADE	0.00	j. COMMENCE DEDUCTIONS ON (Enter date)		

4. DUE PROCESS (X applicable items and either enter date action taken in Column (1) or X Column (2) or (3) and attach acknowledgement or consent.)								
	Date Action Taken (1)	Acknowledgment (2)	Consent (3)		Date Action Taken (1)	Acknowledgment (2)	Consent (3)	
a. CREDITOR COMPONENT 30 DAY SALARY OFFSET NOTICE				d. HEARING HELD				
b. EMPLOYEE DID NOT RESPOND (Consent assumed)				e. DECISION FOR CREDITOR COMPONENT				
c. EMPLOYEE REQUESTED A HEARING				f. OTHER (Specify)				

I certify the following:

- (1) The debt identified above is properly due the United States from the named employee in the amount shown;
- (2) This Agency's regulations implementing 5 U.S.C. 5514 have been approved by the Office of Personnel Management; and
- (3) The information concerning this Component's and the employee's actions is correct as stated.

5. CREDITOR COMPONENT INFORMATION			
a. NAME		b. APPROPRIATION/FUND	
		(1) Title	(2) Symbol No.
c. ADDRESS (Street, City, State and Zip Code)		d. DISBURSING OFFICER	
		(1) Name (Last, First, Middle Initial)	(2) Symbol No.
e. CERTIFYING OFFICIAL			
(1) Signature		(2) Date Signed	
(3) Title		(4) Telephone Number	

DD Form 2481
REQUEST FOR RECOVERY OF DEBT DUE THE UNITED STATES
BY SALARY OFFSET

(Debt Claim Form)

AUTHORITY: DoD Instruction 7045.18

GUIDELINES FOR USE OF FORM

The information requirements for this form are rather obvious and with the exception of entry 3.e., the information can be obtained from the records of the Creditor Component. The Creditor Component must rely on the Paying Agency's cooperation and assistance in ascertaining a debtor's disposable pay. We recommend that DoD Components contact the Paying Agency to get the amount of disposable pay, compute the appropriate proposed installment payments and include the computed amount in the final demand notice to the debtor. This will ensure that the proposed installment payments are correct and assist the debtor in making a judgment on whether to challenge the amount of the proposed installment deduction.

This debt claim form has been designed primarily for requesting recovery of a debt by salary offset and certifying that due process has been completed when a debtor has not: responded to a demand for payment; requested a hearing; or refuted the Creditor Component's proposed installment deductions.

Regulations limit installment payments to 15 percent of a debtor's disposable pay, unless the debtor has authorized a larger amount to be withheld. The Creditor Component is required to designate on the debt claim form the number of installments and the amount of each installment when requesting offset from the Paying Agency. However, if the Creditor Component has not been successful in obtaining a debtor's disposable pay, entry 3.e. may be completed by including the words, "15 percent of disposable pay." In this case, entry 3.i. would be left blank.